

**CALIFORNIA ACCIDENTAL RELEASE PREVENTION
PROGRAM REGISTRATION**

OES 2735.6 (NEW 6/97)

PAGE ____ OF ____

Read instructions on reverse before completing.

REGISTRATION TYPE		UPDATE TYPE		
<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> REVISE

I. Business Owner/Operator Information

BUSINESS NAME

ADDRESS (Number and Street)

CITY	COUNTY	STATE	ZIP CODE
OWNER/OPERATOR NAME		PHONE NUMBER	

II. Regulated Substance List

A. Name of Each Regulated Substance	Process Max. Quantity (lbs)	CAS#
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. Name of Each Regulated Substance in a Mixture	Percent Weight	Process Max. Quantity (lbs)	CAS#
1.			
2.			

III. Certification

I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.

OWNER/OPERATOR NAME (PRINT)

OWNER/OPERATOR SIGNATURE

DATE EXECUTED

